

| CLAIMS ONLY | | | | | | | Application Number 09/775366 | | Filing Date | | | |
|---|----------|--------|-----------------------|--------|------------------------|--------|--|--|-------------|--|--|--|
| | | | | | | | Applicant(s) | | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | | | | | |
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| Total Indep | 3 | | | | | | | | | | | |
| Total Depend | 47 | | | | | | | | | | | |
| Total Claims | 50 | | | | | | | | | | | |

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | |
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| | Indep | Depend | Indep | Depend | Indep | Depend | | | | | | |
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| 100 | | | | | | | | | | | | |
| Total Indep | | | | | | | | | | | | |
| Total Depend | 2 | | | | | | | | | | | |
| Total Claims | 2 | | | | | | | | | | | |

52
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| CLAIMS ONLY | | | | | | | Application Number 09/775366 | | Filing Date | | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|---|-------------|--|--|--|--|
| | | | | | | | Applicant(s) | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | | | | | | |
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| 10 9 | | 1 | | | | | 59 | | | | | | |
| 10 10 | | 1 | | | | | 60 | | | | | | |
| 11 11 | | 1 | | | | | 61 | | | | | | |
| 11 12 | | 1 | | | | | 62 | | | | | | |
| 11 13 | | 1 | | | | | 63 | | | | | | |
| 14 | | 1 | | | | | 64 | | | | | | |
| 15 | | 1 | | | | | 65 | | | | | | |
| 16 | | 1 | | | | | 66 | | | | | | |
| 17 | | 1 | | | | | 67 | | | | | | |
| 18 | | 1 | | | | | 68 | | | | | | |
| 19 | | 1 | | | | | 69 | | | | | | |
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| 22 | | 1 | | | | | 72 | | | | | | |
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| Total Indep | 2 | | | | | | Total Indep | | | | | | |
| Total Depend | 32 | | | | | | Total Depend | 4 | | | | | |
| Total Claims | 34 | | | | | | Total Claims | 4 | | | | | |

| CLAIMS ONLY | | | | | | Application Number 091775366 | | Filing Date | |
|---|----------|--------|-----------------------|--------|------------------------|--|--|-------------|--|
| | | | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | | |
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| Total Indep | | | | | | | | | |
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| * May be used for additional claims or amendments | | | | | | | | |
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| CLAIMS | Indep | | Depend | | Indep | | Depend | |
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| Total Indep | 10 | | | | | | | |
| Total Depend | 17 | | | | | | | |
| Total Claims | 27 | | | | | | | |